**Ward Feedback Form**

**Return to:**

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**Pre-development (as existing) mental health ward, service user / carer feedback**

**Please note: Feedback deadline is Friday 12th July**

**Your views matter –** mental health ward environments can be less than ideal, we are going to improve them by listening to those who live and work in the facilities. Our starting point is to collect your thoughts on how we can make the ward environment better. We will try to respond directly to your needs, wishes and preferences to ensure the building supports recovery.

It would help us to hear your views and experiences on the existing wards, how it makes you feel, how we could better respond to your

needs. We will use this feedback to help shape the design proposals. We will ask the same questions when the new facility is open, to see whether we have achieved our goal of making the ward environment better for service users. If you would

like to be involved with this and be kept appraised of the Project’s progress please provide your contact details on page 4 *(optional)*. There are no right or wrong answers, we would like to hear your views on what works well, what doesn’t work and any ideas you may wish to share for improving the ward environment inside and outside.

# Please complete the following sections. If you would like to include any more general comments, photos or drawings to help illustrate your feedback, please feel free to attach these to page 4.

**2. Feeling valued**

**On a scale of 1 to 5, please rate the following: *(tick box)***

There was enough space where I could **meet** with others?

There were areas where I could

**retreat** when I wanted to?

The layout of the building made it easy to **see and engage with staff**?

The ward environment helped my **well-being**?

The building protected my **privacy**? The building supported my **dignity**?

**1. Hospital and ward name**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| Strongly | Disagree | Neither | Agree | Strongly |
| disagree |  | agree nor |  | agree |
|  |  | disagree |  |  |

**3. Atmosphere – first impressions**

What type of facility did the building **look like** when you first arrived?

Please describe your **first impression** of the ward environment?

What, if anything, did you find **unexpected** about the building, in either a good or bad way?

Please describe how your ward environment **made you feel**?

What **changes** would you make to your ward environment if you were able to?

What was it about the ward environment that made you feel **better or worse**?

**4. Safety**

**On a scale of 1 to 5, please rate the following: *(tick box)***

**1**

Strongly disagree

**2**

Disagree

**3**

Neither agree nor disagree

**4**

Agree

**5**

Strongly agree

The overall ward **layout** made me

feel safe?

The **seperate spaces** on the ward made me feel safe?

The building **safety features** made me feel safe?

I felt safe **at night**?

I felt safe **during the day**?

When I **needed help** I could get it?

**5. Choice and control**

**On a scale of 1 to 5, please rate the following: *(tick box)***

**1**

Strongly disagree

**2**

Disagree

**3**

Neither agree nor disagree

**4**

Agree

**5**

Strongly agree

The building supports the development of **trust between me and staff**?

The building supports the development

of **trust between me and service users**?

It is easy to **access an outside space**

or garden?

**Please answer the following: *(tick box)***

**I benefitted most from spending time in?**

Day room Bedroom Garden Activity

room

Other

If Other, please state:

How would you rate the internal **temperature**?

Too hot Too cold Just right Varies Don’t know

internal **air quality**?

|  |  |  |
| --- | --- | --- |
| Can you control this? Yes | No |  |
| How would you rate the Stale/airless | Too fresh | Just right | Varies | Don’t know |
| Can you open a window? Yes | No |  |  |  |
| How would you rate the Too bright | Too dull | Just right | Varies | Don’t know |
| Can you control this? Yes | No |  |  |  |
| How would you rate the Too noisy | Too quiet | Just right | Varies | Don’t know |
| Can you control this? Yes | No |  |  |  |

internal **lighting**?

**sound-proofing** on the ward?

**6. Ward environment**

What single element of the ward environment has the most **positive impact** on you?

What single element of the ward environment has the most **negative impact** on you?

**On a scale of 1 to 5**, how would

you rate the ward environment overall? *(tick box)*

**1**

Very poor

**2**

Poor

**3**

Neither good nor poor

**4**

Good

**5**

Very good

**6. Ward environment *(continued)***

Any other suggestions you would like us to consider in designing the new ward environment?

**7. Any other more general comments?**

Please feel free to attach photos or drawings to help illustrate your feedback.

**8. Your details *(optional)***

If you would like to receive updates on the re-development and be involved in feedback on the new building, please provide your contact details below.

Name

Telephone

Email

**Thank you for your time, which is greatly appreciated in providing feedback on the ward environment.**

**Pro-forma compiled by:**